

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/593263</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		⓪					54						
5		⓪					55						
6		⓪					56						
7		⓪					57						
8		⓪					58						
9		⓪					59						
10		⓪					60						
11		⓪					61						
12		⓪					62						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	0	↓	0	↓	TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	16	←	0	←	0	←	TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	17		0		0		TOTAL CLAIMS	0		0		0	

PTO - 1360 (REV. 04/2007)

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